

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION**

REQUEST FOR:

CRIMINAL RECORD CHECK

MAIL ORIGINAL COMPLETED FORM TO: P.O.BOX 1437 SLOT S-150 LITTLE ROCK AR 72203

(FACILITY USE ONLY) _____ FACILITY REQUESTING REPORT _____ MAILING ADDRESS _____ CITY STATE ZIP _____ FACILITY DIRECTOR & TELEPHONE NUMBER	(DHS USE ONLY) _____ NAME OF LICENSING SPECIALIST REQUESTING THE CHECK _____ TITLE COUNTY _____ TELEPHONE NUMBER _____ DATE OF REQUEST
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TO BE COMPLETED BY THE PERSON TO BE CHECKED

NAME OF PERSON TO BE CHECKED: _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

MAIDEN NAME: _____ ALIASES: _____

DOB: (____/____/____) SSN: ____ - ____ - ____ PHONE #: (____) ____ - ____
MONTH DATE YEAR

DRIVER'S LICENSE or GOV'T ID #: _____ / _____ RACE: _____ SEX: (MALE / FEMALE)

NOTE: HAVE YOU LIVED IN ARKANSAS FOR THE PAST FIVE (5) YEARS? YES NO (IF NO YOU MUST COMPLETE AN FBI RECORD CHECK AND FINGERPRINT CARD).

COMPLETE ADDRESS: _____
(Physical residential address) STREET CITY STATE ZIP

PLACE OF EMPLOYMENT: _____

Have you ever been found guilty of, or pleaded guilty or no contendere to a crime? (Circle ONE) YES NO
***If yes, attach a detailed description of the crime and the facts of the finding of guilt or the plea.**

"I hereby authorize the Arkansas State Police to release any criminal history information: to the Division of Child Care and Early Childhood Education."

 SIGNATURE OF PERSON TO BE CHECKED DATE

COUNTY OF _____ SS
 STATE OF ARKANSAS

Acknowledge before me on this _____ day of _____ 20 _____.

Notary Public _____

My Commission Expires: _____ / _____ / _____

STATE POLICE USE ONLY DO NOT WRITE IN THIS BOX: { } 82001 CIVIL RECORDS CHECK